Methods: Patients with confirmed molecular diagnosis of vEDS presenting at two tertiary referral centers from 2000 to 2012 were reviewed. Data collected included demographics, family history, vascular pathology, operative details, and outcomes. To replicate the phenotype-genotype correlation a second cohort was reviewed using data from the Genetically Triggered Thoracic Aortic Aneurysms and Cardiovascular Conditions Registry (GenTAC), a National Institutes of Health-funded multicenter database.

Results: A total of 62 cases (34% male, 75% with positive family history, 15% HI) were identified. Arterial aneurysms and dissections were seen in 38 (62%) cases. Median age at initial vascular presentation was 41 (range 39-58) years in the HI group vs 33 (range 17-68) years in MIS group. Aortic and mesenteric arterial involvement was more common in the HI than MIS group (44% vs 15% and 44% vs 23%, respectively). The mortality was 0% in the HI group and 17% in the MIS group. The GenTAC registry enrolled 103 cases (29% male, 55% with positive family history, 6% HI). Median age at diagnosis was 28 (range 1-63) years. Once again, aortic involvement was more common in the HI vs MIS group (50% vs 10%).

Conclusions: Aortic and mesenteric arterial involvement in vEDS appears to be related to the underlying mutation type, with the HI cases having milder disease and later presentation. Molecular diagnosis is warranted in vEDS cases as it predicts postoperative outcomes and guides surveillance.

Author Disclosures: A. Azizzadeh: Nothing to disclose; **J. Black**: Nothing to disclose; **A. C. Cecchi**: Nothing to disclose; **K. M. Charlton-Ouw**: Nothing to disclose; **A. L. Estrera**: Nothing to disclose; **N. McDonnel**: Nothing to disclose; **D. Milewicz**: Nothing to disclose; **R. Pyeritz**: Nothing to disclose; **H. Safi**: Nothing to disclose; **S. Shalhub**: Nothing to disclose.

S3: SVS Plenary Session III

SS10.

Gender Differences After Carotid Endarterectomy (CEA) and Carotid Artery Stenting (CAS) in the Society for Vascular Surgery Vascular Registry® (SVS-VR)

Jeffrey Jim[1], Ellen D. Dillavou[2], Gilbert R. Upchurch[3], Nicholas H. Osborne[4], Christopher T. Kenwood[5], Flora S. Siami[5], Rodney A. White[6], Joseph J. Ricotta[7]. [1]Washington University School of Medicine, St Louis, Mo; [2]University of Pittsburgh Medical Center, Pittsburgh, Pa; [3]University of Virginia, Charlottesville, Va; [4]University of Michigan School of Medicine, Ann Arbor, Mich; [5]New England Research Institutes, Inc, Watertown, Mass; [6]Harbor-UCLA, Los Angeles, Calif; [7]Northside Heart and Vascular Institute, Atlanta, Ga

Objectives: While optimal treatment of carotid stenosis remains unclear, available data suggest that women have higher risk of adverse events after carotid revascularization. SVS-VR data was used to determine the impact of gender after CEA and CAS.

Methods: 10,319 patients (41% women) underwent CEA (6518) and CAS (3801). The primary end point was a composite of death, stroke and myocardial infarction (MACE) at 30-days. The effect of symptom status and gender on outcomes was also analyzed.

Results: There was no difference in age between genders, but men were more likely to be symptomatic (41% v 39%). Women were more likely to have hypertension and COPD while men had a higher prevalence of CAD and smoking history. For disease etiology in CAS, restenosis was more common in women (28% v 21%) while radiation was higher in men (7% vs 3%). MACE was lower for CEA in all patient groups in both genders ($P < .05$ for all comparisons between CEA and CAS). Comparing women and men (Table), there were no statistically significant differences in MACE for either CEA (4% vs 4%) or CAS (7% vs 7%), which remained even after stratification by symptomatology and multivariate risk adjustment.

Conclusions: In this large, real-world analysis, women and men demonstrated similar results after CEA or CAS. These data suggest that, contrary to previous reports, women derive similar benefits as men from carotid revascularization. However, CAS is associated with inferior outcomes compared to CEA for both women and men, regardless of symptom status.

Author Disclosures: E. D. Dillavou: Nothing to disclose; **J. Jim**: Nothing to disclose; **C. T. Kenwood**: Nothing to disclose; **N. H. Osborne**: Nothing to disclose; **J. J. Ricotta**: Nothing to disclose; **F. S. Siami**: Nothing to disclose; **G. R. Upchurch**: Nothing to disclose; **R. A. White**: Nothing to disclose.

Table. 30-day MACE by procedure

Primary outcome	*Women*	*Men*	P *value*
All CEA	4.09% (110/2689)	4.05% (155/3829)	.9492
All CAS	7.18% (108/1504)	6.88% (158/2297)	.7453
Symptomatic CEA	5.91% (57/964)	5.39% (81/1502)	.5910
Symptomatic CAS	8.31% (56/674)	9.47% (101/1067)	.4402
Asymptomatic CEA	3.07% (53/1725)	3.18% (74/2327)	.9274
Asymptomatic CAS	6.27% (52/830)	4.63% (57/1230)	.1092
All Symptomatic	6.90% (113/1638)	7.08% (182/2569)	.8527
All Asymptomatic	4.11% (105/2555)	3.68% (131/3557)	.4194

SS11.

Progression of Carotid Artery Stenosis Is Associated With the Occurrence of Subsequent Ipsilateral Ischemic Events and Stroke: Results From the ACSRS Study

Stavros K. Kakkos, Ioanna Charalambous, Michael M. Sabetai, Maura B. Griffin, Niki Georgiou, George Geroulakos, Gregory C. Makris, Andrew N. Nicolaides. Academic Vascular Surgery, Imperial College London, London, United Kingdom

Objectives: To determine the association between progression of internal carotid artery stenosis and subsequent ipsilateral cerebral ischemic events (AF, TIA or stroke) in the Asymptomatic Carotid Stenosis and Risk of Stroke (ACSRS) Study.

Methods: 1121 patients with asymptomatic carotid stenosis 50-99% in relation to the bulb diameter were followed-up 6-monthly clinically and with carotid duplex